



Unannounced Other Care Inspection Report 28 November 2017



Annahilt

Type of Service: Residential Care Home

Address: 246 Ballynahinch Road, Annahilt, Hillsborough, BT26 6BP

Tel No: 028 92663 8399

Inspectors: Kylie Connor and Gavin Doherty

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 36 places that provides care for residents who are older in age or are living with dementia or living with a past or present addiction.

3.0 Service details

Organisation/Registered Provider: Tamulst Care Limited Responsible Individual: Dr Maureen Royston	Registered Manager: Ms Naomi Graham
Person in charge at the time of inspection: Ms Naomi Graham	Date manager registered: 17 February 2010
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia A – Past or present addiction	Number of registered places: Total number of places is 36 comprising: 36 – RC-I 09 – RC-DE 06 – RC- A

4.0 Inspection summary

An unannounced inspection took place on 28 November 2017 from 11.00 to 13.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection was undertaken following information received by RQIA in relation to a serious adverse incident.

The following areas were examined during the inspection:

- The category of care registration details of the home
- The environment in regard to window restrictors and management of access and egress from the home
- Record of the window restrictor check record completed between 8-10 November 2017
- One resident's care plan

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2*

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Naomi Graham, registered manager and Lorraine Thompson, regional manager, as part of the inspection process and can be found in the main body of the report.

*Two areas for improvement identified during the previous care inspection, undertaken on 5 April 2017 have been carried forward to the next care inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 05 April 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous care inspection report and returned QIP, notifications of accidents and incidents, verbal and written information received following the previous care inspection.

During the inspection the inspectors met with Naomi Graham, registered manager, Lorraine Thompson, regional manager and greeted staff and residents throughout the inspection.

The following records were examined during the inspection:

- Monthly safety check records completed between 8-10 November 2017
- The home's record of named residents accommodated within the RC-DE and RC- A categories of care
- One resident's care plan

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the registered manager and regional manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 April 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

This QIP was not inspected during this inspection and will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last care inspection dated 05 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 24.2 Stated: First time	The registered provider should ensure that supervision is carried out in line with the supervision policy and procedure.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This was not reviewed during this inspection.	
Area for improvement 2 Ref: Standard 20.11 Stated: First time	The registered provider should ensure that monthly monitoring reports are completed in line with RQIA guidance for visits by a registered provider; the number of persons spoken to during a monitoring visit should be recorded in such a way, as to protect the persons' identity while enabling identification by the home, to support robust governance arrangements.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This was not reviewed during this inspection.	

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 05 April 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

The Environment

Window restrictors were inspected. Findings were discussed and the inspectors were advised by the registered manager and regional manager that window restrictors were checked on a monthly basis; arrangements had been made for all windows to be fitted with tamper proof restrictors and work was to commence on 30 November 2017. Confirmation was received on 04 December 2017 that this work had been completed.

A keypad is fitted to the front door to manage the safety and security of residents accommodated within the home. The registered manager reported that arrangements for managing residents' access and egress from the home, is based upon individual assessment and that the key code is changed periodically. The regional manager reported that arrangements had been made for a self-closing device to be fitted to the front door. Following the inspection the registered manager advised that the self-closing device had been installed.

The inspectors were informed that: all final exit doors with the exception of the laundry and kitchen are fitted with an alarm; the laundry and kitchen are accessed via a keypad. There were plans in place for these final exit doors to be fitted with an alarm. Following the inspection the registered manager advised that these alarms had been installed.

The registration status of the home

The registered manager advised that residents accommodated were within the numbers and categories of care detailed within the homes certificate of registration. This was confirmed through an inspection of documentation.

Care Records

One resident's care plan was reviewed which detailed the arrangements in place to address the resident's needs in regard to egress from the home. The registered manager advised that a care review had been scheduled to review the appropriateness of the placement. Discussion confirmed that this resident had previously exited the home through the front door unaccompanied, but while within the grounds of the home, staff had assisted the resident to return into the home. The inspector informed the registered manager that notification of this incident should have been made to RQIA. This incident was subsequently notified immediately to RQIA. The registered manager gave assurances that any similar incident would be notified appropriately.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2017</p>	<p>The registered person shall ensure that supervision is carried out in line with the supervision policy and procedure.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 4.3</p>
<p>Area for improvement 2</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2017</p>	<p>The registered person shall ensure that monthly monitoring reports are completed in line with RQIA guidance for visits by a registered provider; the number of persons spoken to during a monitoring visit should be recorded in such a way, as to protect the persons' identity while enabling identification by the home, to support robust governance arrangements.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 4.3</p>
	<p>Response by registered person detailing the actions taken: The current supervision policy is under review, during the review period the home will endeavour to carry out supervisions in line with the current policy.</p>
	<p>Response by registered person detailing the actions taken: The monthly monitoring visits reports will include the actual number of persons spoken with on the day and unique identifier numbers will continued to be used to ensure the persons identity is protected whilst still enabling identification.</p>



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